



APPLICATION FOR ENROLLMENT

CHILD'S NAME: _____ BIRTH DATE: _____

HOME ADDRESS: _____

PHONE: Cell: _____ Work: _____ Home: _____

PARENT/S NAMES: _____

OR GUARDIANS: _____

ANTICIPATED START DATE: _____ SCHOOL YEAR: _____

CLASSROOM: _____

SCHEDULE FOR ENROLLENT

_____ 5 FULL DAYS

_____ 5 HALF DAYS (8:00 AM – 12:00 noon, preschool only)

_____ 3 FULL DAYS – MON/WED/FRI (preschool only)

_____ VPK (3 hour)

_____ AFTER SCHOOL CARE – ELEMENTARY SCHOOL: _____

_____ DAY CAMP – WHICH PROGRAMS? SUMMER SPRING WINTER DROP-IN

*****FOR CENTER USE ONLY*****

DATE APPLICATION RECEIVED _____ REG. FEE _____ RECEIVED BY _____

ELC PRIVATE PAY VPK VPK VOUCHER _____

DATE OF ENROLLMENT _____ ENTERED IN PROCARE _____ INITIALS _____

REGISTRATION FEE: PAID: CASH CHECK CREDIT/DEBIT CARD WAIVED

PHYSICAL _____ EXPIRATION DATE _____ IMMUNIZATION _____ EXPIRATION DATE _____

INFLUENZA _____ # OF UNIFORM(S) ORDERED _____ PAID: CASH CHECK CREDIT/DEBIT CARD

FOOD APPLICATION _____ INFANT FEEDING FORM _____

DATE OF WITHDRAWAL _____ REASON FOR WITHDRAWAL _____

PROVIDED COPY TO LISETT _____ DATE: _____



CHILD INFORMATION FORM

The center staff needs your help to understand and plan for your child. Please fill out the following form and return it to the center before enrollment.

DATE: _____

CHILD'S NAME:

FIRST MIDDLE LAST

CHILD'S PREFERRED NAME: _____ SEX: F ___ M ___
(First, middle or nickname)

BIRTHDATE: _____ AGE: _____

CHILD LIVES WITH: BOTH PARENTS TOGETHER: _____

MOTHER: ___ FATHER: ___ SHARED CUSTODY: ___ OTHER: _____

LANGUAGES (other than English) SPOKEN AT HOME: _____

OTHER MEMBERS OF THE FAMILY LIVING AT HOME:
(Brothers, sisters, grandparents, etc...)

NAME	AGE	RELATIONSHIP	NAME USED BY CHILD
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HAS YOUR CHILD BEEN IN A PRESCHOOL SETTING BEFORE? _____

PLEASE LIST PREVIOUS SCHOOLS/DAYCARE SITUATIONS YOUR CHILD HAS BEEN EXPOSED TO PRIOR TO THIS APPLICATION: _____

WHAT IS THE REASON FOR SWITCHING SCHOOLS? Please attach additional sheets if necessary.

HOW DID YOU HEAR ABOUT PLANET KIDS? _____

WHY DID YOU CHOOSE PLANET KIDS? _____

DOES YOUR CHILD TAKE A NAP? _____ HOW LONG? _____

DESCRIBE YOUR CHILD'S APPETITE: Always hungry _____ Eats at mealtimes _____

Snacks all day _____ Never hungry _____ Has to be coaxed to eat _____

ARE THERE ANY FOODS YOUR CHILD MAY NOT EAT? _____

(Due to religious customs, etc.....)

IF SO, PLEASE LIST: _____

MEDICAL HISTORY

- Yes No 1. Any concerns about general health? (sleeping, eating, weight, etc..?)
 Yes No 2. Any allergies (food, insects, medication, etc...?)
 Yes No 3. Any specific illnesses, behavioral or social/emotional problems?)
 Yes No 4. Any problems with speech, vision or hearing? (glasses, contacts hearing aids, or ear tubes?)
 Yes No 5. Any prescription medication? (daily or occasionally?)
 Yes No 6. Any hospitalization, operation or major illness (specify problem) ?
 Yes No 7. Any significant injury or accident (specify problem) ?



PAYMENT AGREEMENT

REGISTRATION FEE: Registration fees and/or deposits are due before enrollment and are non-refundable. An annual registration fee is also due each August before the new school year begins.

*Parent/Guardian Initial ~ I have read and understand the Planet Kids Tuition Policy

TUITION: Tuition is calculated on a school year basis. (August – August) It is divided into weekly payments, not based upon a daily or monthly fee. Tuition is due each week in advance by Friday for the upcoming week. Full tuition is due each week regardless of the number of days in the week the child attends. Tuition is not pro-rated for the weeks containing a holiday. Part time enrollments are scheduled at the time of enrollment. Part time enrollment must be the same days each week. Provision is not made for part time (3 or 2 days per week) students to make up a missed day due to illness or holiday. Tuition for part time enrollment is due by Friday for the upcoming week. Late fees apply to payments made after Friday
No allowances will be given for illness, vacations (other than the 2 weeks permitted) or other interruptions (including hurricanes)

*Parent/Guardian initial ~ I have read and understand Planet Kids Tuition Policy

FAMILY CENTRAL: While we do accept subsidized care, it is the parent/guardian's responsibility to maintain their active status through re-determination requirements, ASQ packets and attendance verification. Registration and curriculum are not covered by Family Central and are due upon enrollment. Any lapse in coverage, or termination resulting in an unpaid balance will be the sole responsibility of the parent/guardian. Attendance policy is strictly enforced.

VPK WRAP-AROUND: Registration and curriculum are not covered by Family Central and are due upon enrollment. Any additional fees, such as activity fees and uniforms are the responsibility of the parent and are not covered by the VPK program. Full tuition is due each week regardless of the number of days in the week the child attends. Tuition is not pro-rated for the weeks containing a holiday. Attendance policy is strictly enforced.
When VPK is not in session additional fees apply.

*Parent/Guardian Initial ~ I have read and understand the Planet Kids Tuition Policy

AFTERSCHOOL/CAMPS: Additional fees apply for Spring, Summer & Fall Camps and full-day camp when public schools are closed.

*Parent/Guardian Initial ~ I have read and understand the Planet Kids Tuition Policy

VACATION POLICY: Two weeks' vacation (tuition credit) may be taken anytime from August – August. Please fill out a Vacation Request Form at least one (1) week prior to your requested vacation weeks. Family must attend 6 months before vacations can begin.

*Parent/Guardian Initial ~ I have read and understand the Planet Kids Tuition Policy

LATE ARRIVAL CHARGES: The center closes promptly at 6:15 pm. A charge of \$1.00 per child per minute will be charged to your account.

*Parent/Guardian Initial ~ I have read and understand the Planet Kids Tuition Policy

LATE PAYMENT FEES: A late payment fee is due if tuition is not paid by Friday for the upcoming week. If tuition is paid on Monday, a \$5 fee must be included. If tuition is paid on Tuesday, a \$20 fee must be included. Tuition and all applicable fees must be paid by Wednesday morning for a child to remain at the center.

*Parent/Guardian Initial ~ I have read and understand the Planet Kids Tuition Policy

RETURNED CHECK FEES: A \$25 service charge will be made on any check returned by the bank for any reason. The amount of the returned check plus the service charge must be paid within 1 week of notification. After 2 returned checks, the account will be placed on a *MONEY ORDER/CASH/CREDIT CARD ONLY* basis.

*Parent/Guardian Initial ~ I have read and understand the Planet Kids Tuition Policy

COLLECTION: Any cost incurred in the collection of any unpaid fee will be the responsibility of the parent/guardian.

I HAVE READ AND UNDERSTAND THE ABOVE PAYMENT POLICY AND AGREE TO ABIDE BY ITS CONTENTS

Child's Name _____

Parent/Guardian signature _____

Parent/Guardian Print Name _____

Date _____

Director's signature _____

Date _____

Mother's Name _____

Father's Name _____

SSN _____

SSN _____

Driver's Lic # _____

Driver's Lic # _____



CHILD'S NAME: _____

I HAVE READ AND UNDERSTAND THE FOLLOWING:

1. CHILD CARE FACILITIES BROCHURE

I have received from Planet Kids the DCF (Dept. of Children & Families) Child Care Facilities brochure: "KNOW YOUR CHILD CARE FACILITY".

2. "THE FLU" – A GUIDE FOR PARENTS

I have received from Planet Kids the DCF Influenza Virus brochure: "THE FLU – A GUIDE FOR PARENTS"

3. GUIDANCE POLICY

I have received a copy of the GUIDANCE POLICY of Planet Kids.

4. CHILD'S ALTERNATE NUTRITION PLAN

I understand that Planet Kids will provide a nutritional morning and afternoon snack for my child/ren. I will provide a nutritious lunch for my child each day. I understand the center's policy discouraging soda, candy, and excessive sweets with lunch.

5. TRANSPORTATION AGREEMENT

I hereby declare that I am the parent/guardian of _____ and
I give my consent for Planet Kids to transport my child on special events/field trips. I give my consent for Planet Kids to transport
My child _____, from _____ Elementary School for After school care.

6. CHILD PLACEMENT

The programs and schedules of PLANET KIDS are designed to meet the needs of children for developmental experiences in all areas of growth and development within a group setting. If after a reasonable period of time, a child is not able to adjust to the demands of the group and the schedule, or if there are needs the Center is not able to meet, the parents may choose or be asked to withdraw the child. PLANET KIDS will help the parents to find a more appropriate placement for the child.

7. INFECTION & MEDICATION POLICIES

I have read and understand PLANET KIDS infection control and medication policies as outlined in the PLANET KID'S Parent Handbook. Physical barriers such as lotions, ointments and creams such as sunscreen, insect repellent, and diaper creams must include a written parental consent for application.

8. BITING POLICY

I have read and understand the PLANET KIDS Biting Policy.

9. FAMILY HANDBOOK

I have received a Family Handbook.

10. RATE SHEET

I have received a Planet Kids public rate sheet.

I agree to abide by these policies for the protection of my child, as well as , other children and team members at PLANET KIDS. I agree to abide by all conditions as defined in the Parent Handbook and the Tuition Agreement.

By signing below, I acknowledge that I have read and understand all the information above.

Signature of Parent/Guardian

Date



Permission for Food-Related Activities and Special Occasion Food Consumption

Pursuant to 65C-22.005 (1) (e) 2; F.A.C. licensed child-care facilities must obtain written permission from parent (s)/guardians regarding a child's participation in food related activities. These activities include such things as: classroom cooking projects, gardening, school wide celebrations and birthdays.

I, _____, give/decline permission for my child,
_____, to participate in food related activities and special occasions wherein food is consumed, subject to the conditions below.

Permission Options: Select and initial ONE of the options below.

_____ My child DOES NOT HAVE a food allergy or dietary restriction. He/she MAY PARTICIPATE in activities.

_____ My child DOES NOT HAVE a food allergy or dietary restriction. He/she MAY NOT PARTICIPATE in activities.

_____ My child HAS a food allergy or dietary restriction. He/she MAY NOT PARTICIPATE in activities.

_____ My child HAS a food allergy or dietary restriction. He/she MAY PARTICIPATE in activities but must not eat or handle the following items.

Type of permission: (select one)

_____ Specific permission ONLY for: _____

Food activity/Event & Date

_____ General Permission

I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment.

Parent/Guardian Signature _____ Date: _____

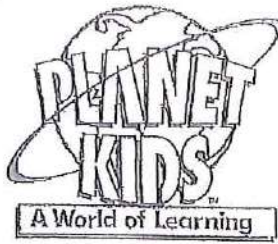


Photo Release Form

Please be advised that your child/ren may be photographed or videotaped during various school sponsored events and activities.

If you would like for your child's photo to appear on our Facebook page or website, please sign and return this form.

Please sign and return this form

_____ Yes, I give my permission for my child's photograph and/or video to be posted on Planet Kids Facebook page or website.

_____ No, my child's photograph and/or video may not be posted.

Parent/Guardian signature

Date

Childs/ren's First and Last Name

During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

My signature below verifies receipt of the brochure on *Influenza Virus, The Flu, A Guide to Parents*:

Name: _____

Child's Name: _____

Date Received: _____

Signature: _____

Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.



What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

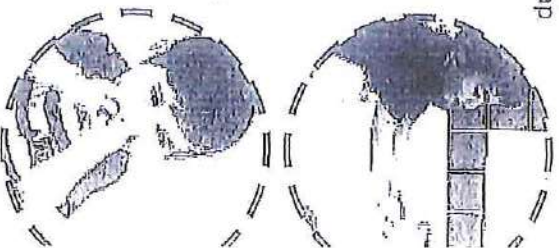
CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse

What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent the flu may also spread through indirect contact with contaminated hands and articles soiled with nose or throat secretions. To prevent the spread of germs:

- Wash hands often with soap and water;
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.



How can I protect my child from the flu?

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself!

When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

For additional helpful information about the dangers of the flu and how to protect your child, visit: <http://www.cdc.gov/flu/> or <http://www.immunizeflorida.org/>



Children's Services Council of Palm Beach County
Teaching Strategies GOLD Program

CONSENT TO PARTICIPATE IN THE GOLD PROGRAM

Dear Parent or Guardian:

Your child's preschool has been asked to participate in the GOLD Program, focusing on teacher observation and planning using the Teaching Strategies GOLD® online observational system. The GOLD® is a computer program that helps teachers to record their observations of your child and use the information to plan classroom lessons and activities that will support your child's development.

This letter tells you about the program and your choices for participation. If there is anything that you do not understand, we encourage you to ask questions.

WHY IS THIS PROGRAM BEING DONE?

We understand that teacher observation of child development is key to teaching and learning in the classroom. We want to support your child's early education program and others like it that are ready to take this next step in supporting children and families.

WHAT CAN I EXPECT FROM THIS PROGRAM?

- Your child's program has been provided with laptops and online access to the Teaching Strategies GOLD® online system. Teachers will enter their observations about your child into the data system to track your child's learning and development.
- These observations will be used to support teacher planning and classroom activities.

Please initial either 1 or 2:

1. _____ I allow my child to have observations about his/her learning and development entered into the Teaching Strategies GOLD® online system. This means that I agree to participate in the program.
2. _____ I do not want observations about my child to be entered into the Teaching Strategies GOLD® online system. This means that I do not agree to participate in the program.

WHAT CHOICES DO I HAVE?

You do not have to join this program. You are free to say yes or no. If you do not join this program, your child's participation in their early learning program will not change.

WHO CAN ANSWER MY QUESTIONS ABOUT THE PROGRAM?

If you have more questions about this program at any time, you can call The Assessment team at the ELCPBC at 561-600-9426

CONSENT TO PARTICIPATE IN THE PROGRAM

By signing my name below, I confirm the following:

- I have read (or had read to me) this entire consent letter. I have had the opportunity to have all of my questions answered to my satisfaction.
- The Program purpose and procedures have been explained to me.
- I voluntarily agree to participate in this program. I have been told that I can stop at any time.
- I agree to let the assessment team at ELCPBC use and share the information gathered from this program.

IMPORTANT: You may request an additional copy of this consent letter for your records.

Signature of Parent or Guardian

Date

Name of Child



State of Florida
 Department of Children and Families
CHILD CARE APPLICATION FOR ENROLLMENT

Student Information: Date of Birth: _____ Sex: ____ Date of Enrollment: _____

Full Name: _____

Child's Physical Address: _____
 Last First Middle Nickname

Primary Hours of Care: From _____ To _____

Days of the Week in Care: M T W Th F Sa Su

Meals Typically Served While in Care: Br AM Snack Lunch PM Snack Sup Eve Snack

Family Information: Child Lives With: _____

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone: _____ /Cell: _____ Work Phone: _____ /Cell: _____

Custody: Mother _____ Father _____ Both _____ Other _____

Medical Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Address: _____ Phone: _____

Doctor: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Hospital Preference: _____

Please list allergies, special medical or dietary needs, or other areas of concern: _____

Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name	Address	Work#	Home#
------	---------	-------	-------

Name	Address	Work#	Home#
------	---------	-------	-------

Name	Address	Work#	Home#
------	---------	-------	-------

Name	Address	Work#	Home#
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Helpful Information About Child:

- Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), or
Section 65C-20.11(2)(c)(1), F.A.C., requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
- Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility, or
Section 65C-20.010(6)(c), F.A.C., requires that a written a copy of the family day care provider's discipline policy be available for review by the parent(s).

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date